

Addressing Personal Issues in Supervision: Impact of Counselors' Experience Level on Various Aspects of the Supervisory Relationship

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Abstract:

Investigated 20 entry-level and 20 advanced counselors' perceptions of the discussion of counselors' personal issues and its impact on counselors' covert perceptions of and reactions to the supervisory relationship, supervisor's interactional style, supervision session quality, and postsession mood. Entry-level Ss completed 1–1.5 semesters of supervised counseling at the master's level, and advanced Ss completed 3–3.5 semesters of supervised counseling at the doctoral level. Data were gathered from the Impact Message Inventory, Supervisory Working Alliance Inventory, the Session Evaluation Questionnaire, and 2 9–10 min segments of videotaped supervision sessions. Counselors' reactions to the supervisor's interactional style, quality of the supervision session, and postsession mood were not as integrally related to counselors' experience level and the focus that the supervisor uses in supervision as suggested by previous developmental models

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Article:

In an analogue design, counselors at two experience levels rated videotaped supervision sessions in which either the counselor's personal issues or skills deficits were addressed.

Counselors inevitably bring their personal feelings and issues into the therapeutic relationship so that past experiences, values, and beliefs influence their interactions with clients (Blanck & Blanck, 1979). Counselors are consciously aware of some personal issues, including topical (e.g., divorce) and historical issues, while being unconscious of others. At times, these submerged personal issues are activated through interaction with a client, generating anxiety and conflict even before the personal issues emerge into consciousness. As the counselor becomes aware of the personal issues, he or she may experience anxiety and conflict (Mueller & Kell, 1972). Altucher (1967) indicated that the goal of supervision is to help the counselor stay open to his or her own experiences. He believed that "learning to be a counselor is both an emotional and an intellectual experience, and of the two, the emotional part is the most crucial" (p. 165).

Therefore, a major task of the supervisor is to help the counselor "recognize the interaction between the client's behavior and counselor's feelings" (Altucher, 1967, p. 168).

A general consensus exists among theorists that supervision and therapy differ and that personal Issues arise in both relationships. Although there is some variation in the way theoretical stances approach the topic of personal Issues in supervision, the general difference is if and how the issues should be addressed. For example, more recent psychoanalytic supervisors (Ekstein & Wallerstein, 1972; Mueller & Kell, 1972; Robiner, 1982; Wolstein, 1981) believed that they should help the counselor examine personal issues, but only as the issues relate to problems occurring in the therapeutic relationship.

Developmental models, on the other hand, provide a conceptual framework for determining when it is most effective to address personal issues in supervision (Blocher, 1983; Loganbill, Hardy & Delworth, 1982; Stoltenberg, 1981). Empirical support suggests that the advanced stages of counseling are the appropriate time to discuss the personal Issues of the counselor during supervision. Results of several studies, for example, suggest that entry-level counselors are unaware of their feelings and, therefore, resist discussions that focus on their feelings (e.g., Heppner & Roehike, 1984; Nelson, 1978; Worthington, 1984). Instead, they primarily want structure, support, and help to develop their counseling skills during supervision. Advanced counselors, however, have repeatedly expressed a willingness to examine personal issues that affect their relationship with clients (Allen, Szollos, & Williams, 1986; Ellis, 1991; Guest & Beutler, 1988; Heppner & Roehike, 1984; Rabinowitz, Heppner, & Roehike, 1986; Wiley & Ray, 1986; Worthington, 1984). Advanced counselors report being concerned about their involvement with clients and the process of counseling, rather than their technical skills. In fact, one advanced counselor indicated that her most significant experience in supervision was a session involving a discussion of personal Issues (Martin, Goodyear, & Newton, 1987). In addition, supervisors report that they respond differently to entry- and advanced-level counselors (Miars, Tracey, Ray, Cornfeld, O'Farrell, & Gelso, 1983; Raphael, 1982; Wiley & Ray, 1986), teaching counseling behaviors and techniques to novice counselors but focusing on counselors' personal growth and the supervisory relationship with advanced counselors. Essentially, then, there is conceptual and empirical support for the idea that counselors request more discussion about their personal issues as they gain experience.

This research support, however, is primarily descriptive and is based almost exclusively on self-reports of the counselor and the supervisor, reflecting the first research phase of critical inquiry in a new area (Borders, 1989; Holloway & Hosford, 1983). According to Holloway and Hosford (1983), the second phase of systematic research involves investigating relationships between variables by conducting "confirmatory experimental procedures" (p. 75) to confirm or deny assumptions made from studies based on self-reports in Phase 1 research. Discussion of counselors' personal issues was one variable identified through Phase 1 supervision research as being of differential importance to counselors at various developmental levels. Thus, the purpose of this study was to investigate, through an analogue study, entry-level and advanced counselors'

perceptions of the discussion of counselors' personal issues and its impact on counselors' covert perceptions of and reactions to the supervisory relationship, supervisor's interactional style, supervision session quality, and postsession mood.

Several aspects of the design were unique to this study: (a) analogue design which permitted control of supervision stimuli, (b) established measures that accessed various aspects of supervision phenomena, and (c) one measure specifically designed to tap into covert responses versus straight self-report as in previous studies.

METHOD Participants

Forty counselors (16 men and 24 women) enrolled in a CACREP-approved counselor education program at a public, mid-sized, southeastern university participated in this study. Participants comprised two groups of counselors, entry-level and advanced. Entry-level counselors ($n = 20$) were enrolled in or had completed 1 to 1 1/2 semesters of supervised counseling at the master's level. Advanced counselors ($n = 20$) were enrolled in or had completed at least 3 to 3 1/2 semesters of supervised counseling at the doctoral level. Because previous counseling experience is a requirement for admission to the doctoral program, most of the advanced counselors had a minimum of 2 years of successful work experience.

The majority of the participants (92.5%) were White, not of Latino origin, with the remainder being White, with Latino origin (2.5%), and Other (5%). The participants were fairly evenly distributed across three age ranges (i.e., 20s, 30s, and 40s); however, entry-level counselors were slightly younger (45% in their 20s) than were advanced counselors (40% in their 40s). A majority of the participants ($n = 28$) were enrolled in or had completed the community agency specialty in counselor education. Of the participants, 8 had selected student development in higher education as their specialty and 4 had selected school counseling.

Almost half of the participants ($n = 18$) reported their predominant counseling orientation as eclectic. The other counseling orientations preferred were: client-centered ($n = 5$), cognitive-behavioral ($n = 6$), existential ($n = 3$), family systems ($n = 1$), psychodynamic ($n = 3$), reality therapy ($n = 3$), and other ($n = 1$).

Instruments

Impact Message Inventory. The Impact Message Inventory (IMI; Perkins, Kiesler, Anchin, Chirico, Kyle, & Federman, 1979) is a self-report, 90-item instrument developed to measure a person's interpersonal style by assessing the covert responses produced through interactions with another person. The IMI was used in this study to measure counselors' covert perceptions of the supervisor's interactional style.

The IMI is based on Kiesler's (1973) communication theory of psychotherapy, an extension of Leary's (1957) Interpersonal Circle. Leary (1957) proposed that behavior can be characterized

according to a grid with two bipolar dimensions: a horizontal affiliation axis anchored by friendly and hostile, and a vertical control axis anchored by dominant and submissive. The two axes define four interpersonal styles (dominant, submissive, hostile, friendly). Lorr and McNair (1967) used the two axes of Leary's theory to create 15 "pure" interpersonal styles: dominant, competitive, hostile, mistrusting, detached, inhibited, submissive, succorant, abasive, deferent, agreeable, nurturant, affiliative, sociable, and exhibitionistic. These 15 interpersonal styles are the basis of the IMI. With the exception of three styles (i.e., inhibited, sociable, deferent), the interpersonal styles of the IMI are grouped into Leary's (1957) four clusters: Dominant (exhibitionism, dominance, competitive), Submissive (submissive, succorant, abasive), Friendly (agreeable, nurturant, affiliative), and Hostile (hostile, mistrusting, detached).

To establish the internal consistency (reliability) of the 15 interpersonal styles, each of the 6-item scores for each style was correlated with the mean score for the respective style. The internal consistency reliability was high for each of the 15 styles, ranging from .80 to .99 (Perkins et al., 1979).

In responding to the IMI, participants use a 4-point format anchored by not at all (1) and very much so (4) to respond to statements describing a possible response to an interaction (e.g., "When I am with this person she makes me feel . . ."). Raw scores of the designated styles in each of the four clusters are totalled, and the sum is divided by 3 (the number of scales in each cluster) to obtain a cluster score.

The IMI has been used in one previous supervision study (Martin, Goodyear, & Newton, 1987). In that case study, only the supervisor completed the IMI, after the third and last supervision sessions. However, considerable research (Kiesler, 1987) using the IMI has emerged in five areas: studies of psychotherapy, studies of maladjusted groups, interpersonal studies of personality, assertiveness, and health psychology.

Supervisory Working Alliance Inventory. The Supervisory Working Alliance Inventory (SWAI; Efstation, Patton, & Kardash, 1990) is a 19-item instrument developed to measure relationship dynamics between supervisor and counselor. The SWAI assesses how the supervisor and counselor perceive the actions of each other, the effect the interaction has on the relationship, and the counselor's behavior with clients. Items for the supervisor and the trainee are written in a parallel format. The supervisor version measures three variables based on factor analysis (Client Focus, Rapport, Identification) and the trainee version measures two variables (Rapport, Client Focus). In this study, the Rapport subscale of the Trainee Form was used as a measure of the counselor's perception of the supervision relationship. The entire instrument, however, was given so as not to jeopardize established reliability and validity.

Efstation et al. (1990) reported reliability estimates (internal consistency), using Cronbach's alpha. for each subscale: .90 for Rapport and .77 for Client Focus on the trainee version; and .71 for Client Focus, .73 for Rapport, and .77 for Identification on the supervisor version. They also

reported a comprehensive study of convergent and divergent validity in which SWAI scores were compared with scores on the Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984) and the Self-Efficacy Inventory (SEI; Friedlander & Snyder, 1983). Results were as expected (e.g., SWAI Rapport subs-scales had low correlations, $-.06$ and $.00$, with the SSI Task-oriented scale).

A 7-point Likert response format anchored by almost never (1) to almost always (7) is used by respondents to indicate the extent to which the activity occurs in relation to their supervisor by yielding scores on Rapport. Raw scores on the designated items are totaled, and the sums are divided by the number of items to obtain a mean scale score.

Session Evaluation Questionnaire. The Session Evaluation Questionnaire, Form 3 (SEQ; Stiles & Snow, 1984) is a self-report, 24-item instrument that measures participants' evaluations of a counseling or supervision session and their postsession affective mood. In this study, the SEQ was used to measure counselors' perceptions of the supervision session and their postsession mood'

The SEQ measures the immediate impact of a session on four factor analytically derived dimensions: Depth, Smoothness, Positivity, and Arousal. Depth and Smoothness subscales measure participants' perceptions of their sessions ("This session was bad/good, safe/dangerous . . ."). Depth indicates the session's perceived power and value to the participant, and Smoothness indicates the participant's level of comfort and relaxation in the session. Positivity and Arousal subscales measure the postsession mood of the participant ("Right now I feel happy/sad, angry/pleased . . ."). Positivity indicates feelings of happiness and confidence with no anger or fear present. Arousal refers to feelings of excitement and activity as opposed to quiet and calm.

Respondents indicate their perceptions of the session and their postsession mood by rating 24 bipolar adjective items on a 7-point semantic differential format to complete the sentence stems. Of the 24 items, 20 are scorable, with 5 pairs on each dimension. The four remaining items are included for research purposes. Raw scores on the-items for each-dimensions on are totaled: the sums are divided by the number of dimension items to obtain a mean score. The higher the score, the greater the depth, smoothness, positivity, and arousal.

The SEQ, Form 4, was used in this study. The only difference between Form 3 and Form 4 of the SEQ is the order of items and four item changes (alert to wakeful, active to moving, joyful to energetic, and joyless to peaceful) in the portion measuring postsession mood (e.g., Positivity and Arousal). There were no differences between the two forms on the items measuring session quality.

The SEQ has been widely used in counseling process research (e.g., Friedlander, Thibodeau, & Ward, 1985; Stiles, 1980; Stiles, Shapiro, & Firth-Cozens, 1988; Stiles, Tupler, & Carpenter, 1982) and in two supervision studies (Friedlander, Siegel, & Brenock, 1989; Martin et al., 1987). Martin et al. (1987) reported that SEQ results provided a useful measure of session quality. Their

results indicated variability in counselor ratings, with Positivity having the greatest variability and Depth the least variability. Friedlander et al. (1989) reported that counselors consistently rated supervision sessions as deep and valuable, but varied in ratings of Smoothness.

Treatment

Two 9- to 10-minute segments of supervision sessions were created and videotaped to serve as the experimental treatments for this study. The supervision sessions were designed to vary on one dimension only: the intervention selected by the supervisor in response to the counselor's work with a particular client. The two treatment conditions for the dimension were: (a) a segment of a supervision session in which the supervisor addresses the counselor's personal issues that seem to be interfering with the counselor's ability to help a client explore painful emotions (Treatment 1), and (b) a segment of a supervision session in which the supervisor does not address the counselor's personal issues, but instead focuses on improving the counselor's skills in exploring the client's feelings (Treatment 2).

Each treatment condition was portrayed by the same female supervisor and female counselor who were employed in the counseling center of a private, moderate-size university in the Southeast. The supervisor, a PhD in counseling psychology, had training and experience in providing supervision. The counselor, an MA Ed. in counselor education, had received counseling supervision for 2 years during her training. In each supervision segment, the supervisor and counselor discuss a male client hospitalized with cancer and the counselor's concern about the client's difficulty in expressing and working through his feelings related to his medical condition. The counselor implies her hesitancy in facilitating the exploration of the client's feelings. Each segment of the supervision session represented a typical discussion of the counselor's audiotaped counseling session that had been reviewed by the supervisor. The session was meant to reflect a mid-semester supervision session.

To control the stimuli presented in the two supervision interventions, six systematic steps (see Heverly, Fitt, & Newman, 1984) were taken to match the supervisor's and counselor's behaviors except for the variable of interest (i.e., intervention selected by the supervisor in response to the counselor's work with a particular client). First, a matrix was created for each treatment that identified characteristics of the supervisor's behavior with entry-level and advanced counselors (e.g., focus on learning new skills or exploring how personal issues affect the counselor-client relationship) drawn from descriptions in developmental models of supervision (e.g., Loganbill et al., 1982; Sansbury, 1982; Stoltenberg, 1981; Wiley & Ray, 1986). Each characteristic was illustrated at least once in the appropriate treatment vignette.

Second, 12 dimensions of supervisor behavior identified by Tracey, Ellickson, and Sherry (1989) and 4 dimensions of counselor behavior identified in developmental models (Loganbill et al., 1982; Sansbury, 1982; Stoltenberg, 1981; Wiley & Ray, 1986) were used to construct and evaluate the two treatment transcripts. The supervisor dimensions were supervisor skill,

supportive, directive, realistic, warm, sincere, collaborative, likeable, structure, teaching, focus on counselor's affect, and focus on counselor's behavior. The counselor's behavior was rated on four dimensions: cooperative, likable, counseling skill, and self-awareness. These four dimensions represented counselor characteristics that could influence the supervisor's reactions and an observer's ratings of the session, particularly in terms of the focus of this study.

Third, the two transcripts of the supervision sessions were written to reflect the characteristics identified in the matrix and the identified supervisor and counselor behaviors. The scenario chosen (the client's difficulty in expressing and working through feelings) is a fairly typical supervision scenario. The two transcripts began with verbatim dialogue for the first two interchanges. The supervisor chose a specific focus (i.e., focus on counselor's affect vs. focus on counselor's behavior) during the third interchange. The two foci were designed to be equally plausible in addressing the needs of the counselor.

Fourth, using the 12 supervisor and 4 counselor dimensions, the two preliminary transcripts were rated by two experienced counselors and supervisors on a 5-point Likert scale anchored by almost never (1) and almost always (5). They reported similar ratings on all of the counselor and supervisor behaviors except for the intervention, the one dimension of interest (e.g., focus on counselor's affect or focus on counselor's behavior). According to their ratings, the supervisor focused on the counselor's affect in Treatment 1 and on the counselor's behavior in Treatment 2. One rater suggested that the sensitivity of discussing a counselor's personal issues could be perceived as more "confrontive" by the counselor; therefore, confrontive was added as a supervisor dimension. The transcripts were reviewed and minor changes in wording were made to make the two treatments appear equally confrontive. On the basis of these results, videotaping of the transcripts was begun.

As a fifth control measure, the counselor and the supervisor were instructed to learn the two transcripts verbatim. They also were instructed on how to portray the supervisor and counselor behaviors, emphasizing the behaviors that were to remain constant and the one dimension on which they would be different. The supervisor was instructed to be equally supportive, realistic, skillful, directive, warm, sincere, collaborative, structured, confrontive, and likable in portraying both situations. During practice and production of the videotaped version of the treatments, the dimensions were a primary focus.

Finally, 10 persons who had experience in supervision but did not know the purpose of the study rated the two videotaped treatment sessions on the 13 supervisor dimensions and the 4 counselor dimensions. Because of the general nature of the supervision content, a diverse group of raters were recruited: 2 were clinical social workers, 1 was a clinical psychologist, 3 were clinical pastoral educators, 2 had doctorates in counselor education, 1 had a specialist's degree in counseling, and 1 had a master's degree in counseling.

I (Sumarel) met with each rater individually and provided written and verbal instruction on how to rate the two videotaped treatments. I defined and discussed the dimension with raters before they viewed the videotapes. Additionally, I gave a copy of dimension definitions to each rater. The order in which the raters viewed the videotapes varied; half of the raters viewed Treatment 1 first and the other half viewed Treatment 2 first, to control for order effect. After each rater had viewed the videotapes and completed the rating form, I again met with the raters to discuss their perceptions of the videotaped treatments, to answer any questions, and to confirm the rater's verbal responses with their ratings.

To analyze the extent of the interrater agreement on the ratings of the supervisor and counselor dimensions, the 5-point Likert scale was collapsed into three categories (below 3, 3, above 3). The extent to which the raters agreed in their ratings on the dimensions ranged from 70% to 90%, except for the focus on counselor's affect and focus on counselor's behavior. For example, 90% of the raters agreed that the supervisor was equally supportive in Treatment 1 and Treatment 2. Because chance agreement was indicated by an agreement of 33% and the lowest percentage of agreement (excluding the 2 dimensions representing the intervention) was 70%, twice that of the chance agreement, it was concluded that the treatments were highly similar in terms of supervisor and counselor behavior and characteristics except for the variable of interest. In addition, these data indicated that the treatments were effectively illustrated as intended; raters reported that the supervisor focused on counselor's affect in Treatment 1 and on counselor's behavior in Treatment 2.

Procedure

I contacted eligible entry-level and advanced counselors by telephone or through internship group supervision meetings to request their participation in the study. These counselors were either enrolled in or had completed at least one master's or doctoral supervised internship. I explained the purpose of the study, procedure for gathering data, and the length of time required. If the counselor agreed to participate, I arranged a meeting. I developed two lists of participants, one of entry-level counselors and one of advanced counselors, in the order they agreed to participate. To control for treatment order effect, I assigned the order in which the videotaped treatments would be viewed randomly. When half of the participants ($n = 10$) were assigned to the same order for viewing the treatments, the remaining participants were assigned to view the treatments in the reverse order.

Before the videotapes of treatments were viewed, each participant read and signed a release statement indicating his or her willingness to participate in the study. I gave a packet containing instructions, two copies of each instrument, and a demographic questionnaire to each participant and explained that the participant would view two 9- to 10-minute videotaped segments of supervision sessions. The order of the instruments was the same for each treatment, a logical sequence building from a descriptive instrument (SEQ) to a supervision instrument (SWAI) to an instrument examining covert feelings and thoughts (IMI). (Pilot testing indicated no order

effects.) I asked the participants to imagine themselves as the counselor in the supervision session and to respond from that perspective when answering the questions. I urged the participants to be particularly aware of their feelings as they imagined interacting with the supervisor in the videotaped supervision sessions.

RESULTS Descriptive Results

Scores on each of the subscales of the instruments were calculated for participants. The means and standard deviations of the subscales are reported in Table 1 by experience level and treatment. All scores were plotted for each treatment and distribution appeared normal. In general, results revealed relatively low scores on the IMI on the four cluster scales, with means on the cluster scales for both treatments below 2 (on a 4-point scale). Scores on the SEQ subscales were average, with means ranging from 3.09 to 4.21 (on a 7-point scale) on both treatments. Respondents rated Rapport on the SWAI moderately high for both treatments, with means of 5.22 (Treatment 1) and 5.91 (Treatment 2).

Correlations

Pearson correlation coefficients were calculated to examine the relationship among the four clusters of the IMI, the four subscales of the SEQ, and the Rapport subscale of the SWAI. Correlations above $r = .50$ were considered strong. Several cluster scales of the IMI were strongly correlated. In Treatment 1, which focused on the counselor's personal issues, the Dominant scale was positively correlated with the Friendly scale ($r = .62$), and the Submissive scale was positively correlated with the Hostile scale ($r = .71$). In Treatment 2, which focused on the counselor's behavior, the Submissive scale was positively correlated with the Hostile scale ($r = .52$). The Rapport subscale of the SWAI was negatively correlated with the Dominant scale of the IMI for Treatment 1 ($r = -.72$) and Treatment 2 ($r = -.77$) and positively correlated with the Submissive scale of the IMI in Treatment 1 ($r = .57$). No strong correlations were found under either treatment for the scales of the SEQ.

Supervisor's Interactional Style

To test differences in participants' ratings of the supervisor's interactional style, a 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects multivariate analysis of variance (MANOVA) was performed on the four IMI clusters (Dominant, Submissive, Hostile, Friendly) using an overall .05 alpha level and a .01 alpha level for each cluster scale. The MANOVA examining counselors' ratings of the supervisor's interactional style was not significant at the .01 level for experience level, $F(4, 35) = .73$, ns; treatment, $F(4, 35) = 1.37$, ns; or the interaction between experience level and treatment, $F(4, 35) = 3.72$, ns. The MANOVA for the interaction between experience level and treatment was significant, however, at the .05 level, $F(4, 35) = 3.72$, $p < .0126$.

To further examine the IMI, individual analysis of variance (ANOVA) was calculated for each of the four clusters. A significant univariate interaction effect between experience level and treatment was revealed on the Friendly cluster scale, $F(1, 38) = 8.42, p < .01$. Examination of the means of the interaction revealed that on the Friendly cluster scale, entry-level counselors rated the personal issues treatment higher ($M = 1.41$) than the behavior treatment ($M = 1.32$). Advanced counselors exhibited the opposite results, rating the behavioral treatment as more Friendly ($M = 1.39$) than the personal issues treatment ($M = 1.31$). To further examine the interaction effect for the Friendly cluster scale, simple effects analyses were computed for each treatment. Simple effects for entry-level and advanced counselors' indicated no significant differences in ratings between the two treatments.

Supervisory Relationship

Counselors' ratings of the Rapport subscale in the supervisory relationship were examined using a 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects ANOVA. A .05 alpha level was used for each hypothesis. The ANOVA exploring differences between entry-level and advanced counselors' responses did not demonstrate any significant differences in perceptions of the supervisory relationship, $F(1, 38) = 0.59, ns$. There were also no significant differences in the Interaction between experience level and treatment based on counselors' responses, $F(1, 38) = 0.13, ns$. A significant effect, however, was found for the counselors' response to the two treatments, $F(1, 38) = 8.37, p < .01$. Both entry-level and advanced counselors rated Rapport higher for Treatment 2 ($M = 5.96$), which focused on the counselor's behavior, than for Treatment 1 ($M = 5.34$), which focused on the counselor's personal issues, although both were fairly high. These results indicated that entry-level and advanced counselors rated the supervisory relationship equally when personal issues were the focus in supervision.

Evaluation of Supervision Session

To examine counselors' evaluation of the supervision session, a 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects ANOVA was computed for each of the two SEQ dependent measures, Depth and Smoothness. An overall .05 level was used for the hypothesis and a .025 level for each of the two dependent measures. There were no significant differences in experience level, $F(1, 38) = 4.72, ns$; treatment, $F(1, 38) = .44, ns$; or interaction between experience level and treatment, $F(1, 38) = 2.41, ns$; for the level of Depth of the supervision session. Similarly, no significant differences were found in experience level, $F(1, 38) = .12, ns$; treatment, $F(1, 38) = 1.97, ns$; or interaction between experience level and treatment, $F(1, 38) = .02, ns$, for Smoothness of the supervision session. Entry-level and advanced counselors rated Depth and Smoothness similarly for each treatment.

Counselor's Postsession Mood

To test counselors' postsession mood, a 2 (experience level: entry-level and advanced) x 2 (treatment: personal issues and behavior) mixed within-subjects ANOVA was computed for each of the two SEQ dependent measures: Positivity and Arousal. An overall .05 level was used for the hypothesis and a .025 level for each of the two dependent measures. There were no significant differences for experience level, $F(1, 38) = .89$, ns; or the interaction between experience level and treatment, $F(1, 38) = .34$, ns, for Positivity, the postsession mood. A significant main effect, however, was found for counselors' response to the treatments, $F(1, 38) = 12.06$, $p < .01$. Both entry-level and advanced counselors rated their postsession mood higher on Positivity for Treatment 1 ($M = 3.80$), which focused on the counselors' personal issues, than for Treatment 2 ($M = 3.89$), which focused on the counselors' skills. For the second dependent measure, Arousal, that measured postsession mood, there were no significant differences in experience level, $F(1, 38) = .40$, ns; treatment, $F(1, 38) = .05$, ns; or interaction between experience level and treatment, $F(1, 38) = 1.00$, ns.

DISCUSSION

Overall, results of this study suggested that a counselor's reactions to the supervisor's interactional style, quality of the supervision session, and postsession mood are not as integrally related to the counselor's experience level and the focus that the supervisor uses in supervision (i.e., focus on counselor's personal issues or on counselor's behavior) as suggested previously in the developmental models; (Blocher, 1983; Loganbill et al., 1982; Stoltenberg, 1981). In fact, this study found little support for one premise of developmental models; that is, experience level of the counselors did not influence their ratings of the two supervision interventions (focus on personal issues, focus on skills). In addition, the two supervision interventions (i.e., responding to a counselor's personal issues or behavior) had little influence on how the counselors rated the supervisor's interactional style, rapport of the supervisory relationship, quality of the supervision session, or postsession mood.

The SWAI was created to measure relationship dynamics between the supervisor and counselor. The Rapport subscale of the SWAI measures counselors' perceptions of the supervisory relationship. Respondents, regardless of experience level, gave relatively high ratings to Rapport in the supervisory relationship for each treatment. The high ratings suggest that the focus used by the supervisor does not necessarily affect how the counselor perceives Rapport in the supervisory relationship.

Entry-level and advanced counselors described supervision sessions on the SEQ across treatments as having value (as indicated on the Depth subscale) and allowing them to feel relaxed and comfortable (as Indicated on the Smoothness subscale). These results cannot be directly compared with previous studies (e.g., Friedlander et al., 1989; Martin et al., 1987) that used the SEQ, because both previous studies were single case studies that measured depth and smoothness over a period and reported variability of scores. According to Friedlander et al. (1989), the counselor experienced both comfort and discomfort in supervision, as indicated In

the variability of the scores on the Smoothness subscale. Martin et al. (1987) found no variability in the ratings of depth and smoothness given by the counselor. Although results of this study are based on group scores, they provide insight into counselors' reactions to discussion of personal issues. It seems that counselors find value in the session and feel comfortable, regardless of how the supervisor approaches the concerns brought to supervision (i.e., whether the supervisor focuses on the counselor's personal issues or the counselor's behavior).

Respondents in this study reported that their postsession mood was more positive when the supervisor focused on personal issues than when the supervisor focused on behavior. According to developmental models, advanced counselors would be more willing and interested in discussing their personal issues than would entry-level counselors (e.g., Blocher, 1983; Loganbill et al., 1982; Stoitenberg, 1981). The manner in which the supervisor approached and discussed the personal issues may have influenced the higher rating for Treatment 1. Perhaps the supervisor's equally warm, supportive, and collaborative manner (based on ratings of the videotape) in addressing personal issues was especially appreciated by the respondents.

Based on results from this study, it seems that the IMI, in contrast to the SWAI and SEQ, may be inappropriate or inadequate for evaluating the supervisor's interactional style. The IMI was created as a measure of interpersonal communication for all interactions; however, results suggested that the scale may have had limited relevance to this study. Ratings on all cluster scales (i.e., Dominant, Submissive, Friendly, Hostile) were very low for counselors at both experience levels. Although the study revealed significance on the Friendly cluster scale, with entry-level counselors rating Treatment 1 (focus on personal issues) higher and advanced counselors rating Treatment 2 (focus on behavior) higher, overall results were not significant. There may be several explanations for the low scores and the use of the IMI in this study. First, some of the 90 items that the respondents rated on the IMI were not applicable to supervision or the supervisory relationship (e.g., "When I am with this supervisor, she makes me feel curious as to why she avoids being alone") or to the individual relationship portrayed in the videotaped treatments (e.g., "When I am with this supervisor, she makes me feel as important as others in the group"). In addition, because the respondents were not actually in a relationship with the supervisor, they may have speculated when answering many questions. Their speculation may have been a reason they rated some items "not applicable" which, therefore, resulted in low scores. A similar instrument, specifically designed to measure interactional styles of supervisors, may be needed to gather more meaningful information.

Several limitations must be kept in mind when evaluating this study. An analogue design was used. Although analogue design studies allow researchers to have greater control over the variables under investigation and have greater flexibility in what can be examined, a major drawback is the uncertainty of the generalizability of the results (Munley, 1974). In this study, counselors rated what they saw, heard, and felt in response to portions of two videotaped supervision sessions. Review of an entire supervision session might provide for a more in-depth view of the supervisor's interactional style and reveal more relationship dynamics, thus allowing

for different results. Additionally, counselors' responses may have been different if they had rated a supervisor with whom they had been actively involved in a supervisory relationship over time.

A second, more theoretical, limitation is the delineation of the two groups being compared, entry-level and advanced counselors. These groupings were based on premises of, and prior research on, developmental models of supervision. This approach, however, ignores the cognitive, developmental, and theoretical foundations of developmental models of supervision (Blocher, 1983; Loganbill et al., 1982; Stoltenberg, 1981). Therefore, we gave consideration to determining an appropriate and practical grouping factor. To date, however, no adequate measure of counselor developmental level exists. Thus, although there is some support for defining the group factor in this study, direct implications to developmental models are somewhat limited.

Contrasting results in previous literature based on counselors' self-reports of their preferences may be noteworthy because of contrasting research designs. One unique aspect of this study was the type of measures used. The majority of the research on developmental models (Heppner & Roehlke, 1984; Reising & Daniels, 1983; Worthington, 1984) and exploration of personal issues (Goin & Kline, 1976; Rosenblatt & Mayer, 1975) has been based on self-report. The design of this study used a more subtle approach. By having participants imagine interacting with the supervisor and respond to instruments that measured specific variables, the results provided a less direct measure of preferences" for supervision interventions. The results may have revealed a contrast between responding from one's conscious awareness and reporting thoughts and feelings that are less conscious. This study is one of the few second phase experimental designs to confirm or deny the variables identified in first phase descriptive research (Holloway & Hosford, 1983). Additional experimental studies are needed, however, before conclusive statements about the veracity of developmental models can be made. In these studies, efforts to achieve a more accurate measure of developmental level should be made.

In addition, correlations between the scales of the IMI and SWAI may provide some insights into supervisory relationships for future investigations. For example, the negative correlation between the Dominant cluster scale of the IMI and Rapport subscale of the SWAI suggests that rapport in supervision is not characterized as being dominant.

Personal issues in supervision is a neglected topic in the empirical literature. This study sought to determine the impact that addressing counselors' personal issues in supervision has on the relationship, quality of the session, postsession mood, and interactional style of the supervisor, as reported by the counselor. Results seem to suggest that a supervisor who discusses personal issues in an appropriate manner (i.e., confronts the issues but does so in a warm and supportive, instructional manner) does not necessarily affect the relationship negatively. Because of the importance of this topic to effective counselor training, effective counseling, and supervisor training, additional studies that examine supervisors' interactional style are necessary.

TABLE 1 Descriptive Statistics for Treatment 1 and
Treatment 2 by Experience Level

Instrument	Masters (N = 20)		Doctoral (N = 20)	
	M	SD	M	SD

Treatment 1: Focus on counselor's personal issues

Impact Message Inventory (IMI)

Dominant	1.52	0.44	1.34	0.27
Submissive	1.68	0.25	1.72	0.21
Hostile	1.82	0.28	1.80	0.24
Friendly	1.41	0.24	1.31	0.14

Session Evaluation Questionnaire (SEQ)

Depth	3.80	0.36	3.50	0.33
Smoothness	3.09	0.52	4.06	0.48
Positivity	3.92	0.48	4.06	0.45
Arousal	3.78	0.59	3.98	0.52

Supervisory Working Alliance Inventory (SWAI)

Rapport	5.22	1.31	5.47	0.88
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Treatment 2: Focus on counselor's behavior

Impact Message Inventory (IMI)

Dominant	1.26	0.28	1.29	0.32
Submissive	1.75	0.17	1.79	0.16
Hostile	1.84	0.23	2.01	0.23
Friendly	1.32	0.14	1.39	0.22

Session Evaluation Questionnaire (SEQ)

Depth	3.65	0.37	3.56	0.36
Smoothness	4.21	0.35	4.16	0.38
Positivity	3.67	0.27	3.71	0.40
Arousal	3.94	0.49	3.88	0.55

Supervisory Working Alliance Inventory (SWAI)

Rapped	5.91	0.92	6.01	0.78
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